# **EXHIBIT T**

### ' Official Form 5 (10/06)

United States Bankruptcy Court Northern District of Illinois			INVOLUNTARY PETITION
N RE (Name of Osblor - Vindindyal: Lest, First, Middle) Biosafe Medical Technologies, Inc.		ALL OTHER NAMES (Include married, melden,	used by deblor in the lest 8 years , and trede harnes)
Last tour digits of Sac. Sec. No/Complete EIN or other Tea one, state all.)	x I.D. No. (If more than		•
STREET ADDRESS OF DEBTOR (No. and alreet, city, state and zip code) 100 Field Dr., Suite 240 Lake Forest, IL COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS: Lake ZIP CODE		MAILING ADDRESS (	OF DEBTOR (if different from street address)  ZIP CODE
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEB	60045 STOR (If different from previously list	led addresses)	
CHAPTER OF BANKRUPTCY CODE UNDER WHICH F		CRIAD (Cheek appl)	t-bla kayani
Nature of Debts	Type of Deb		Nature of Business
(Check one box.)  Petitioners believe:  Debts are primarily consumer debts	(Form of Organi Individual (includes Joint I ☑ Corporation (includes LLC □ Partnership □ Other (if debter is not one check this box and state to	ization) Debtor) C and LLP) of the above entities,	(Check one box)  Health Care Business Single Asset Real Estate as defined in 11 U.S.C. § 101(61)(B) Reliroad Stockbroker Commodity Broker Clearing Bank Other
page of obstress, or principe assets in the District of for days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		Petitioner is a ch specified in § 30-	nild support creditor or its representative, and the form 4(g) of the Bankruptoy Reform Act of 1994 is attached. Illiar or its representative is a paliflorer, and if the m specified in § 304(g) of the Benkruptey Reform Act of
	ANKRUPTCY CASE FILE IS DEBTOR (Report Information		
Name of Deblor	Case Number	M MA	Date
Relationship	District		Judge
ALLEG (Check appl	SATIONS liceble boxes)	· · · · · · · · · · · · · · · · · · ·	COURT USE ONLY
1.	der for relief may be entered und ofor's debts as they become due, r amount; or pellillon, a custodian, other than of less than substantially all of t	der tille 11 of the United e, unless such debis are a trustee, receiver, or the property of the	1

D3/12/200/ 14:04

8472479469

LANUMARK DX

PAUL 03

Mcla! Form 5 (10/05) - C	iont.	Name of Debtor Case No.	Blossis Medical Technologies, inc.
	TRANSFE	r of Claim	
Check this box if there existence the transfer	o has been a transfer of any claim against the dr and any statements that are required under Ban	ablor or to any pet nkruptcy Rule 100	titioner, Attech all documents that (2(s),
- ·•	•• **	for relief	•
polition. If any petitioner is recognition is attached.	a foreign reprosentative appointed in a foreign (	proceeding, a cent	r of title 11, United States Code, specified in this titled copy of the order of the court granting
Petitionatie) declare under correct 4000rdkg to the be	r penalty of parjury that the foregoing is true and set of the parjury dige, information, and haller.		1) 20 10
× Due	Miller	X Jee	
•	Representative (State Utio)	Signature of	
David C. Fielener Name of Pelifoner	3//2-/017 Date Stundo	1	Alchaels, LLG oney Firm (Hany)
Name (л моцеопе)	, nesa diffuso	83 West Ja	sekson Boulsvard
		Suite 1115	
Name & Maling		Chicago, m	Ilinois 60604
Address of Individual		Address	
Signing in Representative Capacity	·	(\$12) da8-50	i000
		Telephone N	io.
x		×	
	Representative (State title)	Signature of /	Attorney Date
William S. Lear		1	lichaels, LLC
Name of Patitioner	Date Signed	Name of Atto	mey Firm (If any)
•		53 West Jac Suite 1115	iokan Boulevard
			llinote 90504
Name & Melling Address of Individual		Add/ess	
Signing in Representative		(312) 586-50	ran
Ciapacity		Telephone No	
		Paralle Car	J,
x		×	
•	Representative (State title)	Signature of A	Altomay Date
Focus Enterprises, inc. Name of Petitions	o, Cate Bigned		mey Film (if any)
<b>Нала от ги</b> цкини	Olive regimes	1	mey rum (if any) Skepn Boulevard
	-	Buite 1115	
Name & Mailing	William S. Lear	Chicago, iiii	linois 50904
Address of Individual	The state of the s	Address	
Signing in Representative	575 N. Michigan Ave. Ste. 3011	****	n An

& Continuation sheets attached

(312) 588-5000

Telephone No.

575 N. Michigan Ave. Ste. 3011 Chinago, IL 60611

Capacity

03/12/2007 14:14 3127947801 REGUS

PAGE 01

Official Form # (19/05) - Cont.	Neme of Dabins	Biosafo Medical Technologies, Inc.
•	Case No.	
TRAN	sfer of Claim	

TRANSFE	R OF CLAIM
Check this box if there has been a transfer of any cleim against the devidence the fransfer and any eleterments that are required under Be	leblor or to any patitioner, Attech of documents that nkruptcy Rule 1003(a).
	for reliep
Politoner(s) request that an order for relief be entered against the debter petition. If any politioner is a foreign representative appointed in a (croign recognition is attached,	under the chapter of fille 11, United States Cade, specified in this protesting, a certified copy of the order of the court granting
Politioner(s) declars under pensity of perjury that the feregoing is into and correct according to the beat of their knowledge, information, and belief.	
x	<b>x</b> .
Signature of Patitioner or Representative (State title)	Signature of Attorney Date
David C, Fielaner	Sauch & Michaele, LLC
Name of Palkioner Date Signed	Name of Attorney Firm (If only)
	53 West Jackson Boulovard Suite 1116 Chicago, Illinois 60604
Nome & Mailing	,
Address of Individual Signing in Representative	Address
Capacity ————————————————————————————————————	(812) 588-5000
	Telaphone No.
Signature of Politiquer or Representative (State title)  William S. Lear  Name of Politioner  Name of Politioner  Date Signed  Name & Making Address of Individual Signing in Representative Copacity	Signature of Altomey  Mauch & Michaele, LLC  Name of Altoney Firm (If any)  63 Wost 1916  Chicago, Illinois 60604  Address  (372) 688-5000  Tolophone No.
	Toolman No.
X   Delican See   Delican Signature of Follioner or Representative (State title)  Focus Enterprises, Inc.   Date Signed	Signature of Altorney Bauch & Michaele, LLC Name of Altoney Firm (If any)  53 West Jackson Bouleverd
Name & Mailing Addrats of Individual Signing in Representative Cepacity  William & Lear Pictock  875 N. Michigan Ave. Ste. 3011 Chicago, II. 66811	Suite 1148 Chloage, Illinels 80804 Address (312) 588-5000 Telephone No.
x	X
g Continuation shoets sitrohed	1

P3/12/201/ 14:04 R4/24/04		LANUMARK DX	PAPE 62
cial Form 5 (10/08) - Cont.		Name of Depart Biosafe Medical Technologis	s, inc.
Port -	•	Case No.	
Signature of Petitioner or Representative (Sta	le tile)	Skinatuhe of Attorney	Sala
	7/12/07	Belich & Michaele, LLC	
Name of Patitionar	Date Signed	Name of Atterney Firm (if any)	**************************************
TOTAL DE L'AUGUSTON		53 West Jackson Boulevard	
		Suite 1115	
		Chicago, Illinois 60804	
Name & Malking Address of Individual	<u>,                                     </u>	Address	, , , , , , , , , , , , , , , , , , ,
Signing in Representative		1	
Capacity		(312) 568-5000	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
	•	Telephone No.	
x		X Signature of Attorney	
Signature of Patitioner of Representative (State	le title)		Pate
Stephen J. Reitman		Bauch & Michaels, LLC	
Name of Petitioner	Date Signed	Name of Attorney Firm (If any)	
•		55 West Jackson Boulevard	
		Sulie 1118 Chicago, Hilinois 60804	
Nome & Malling			
Address of Individual	Control Management	Address	P
Signing in Representative Capacity	• •	(312) 568-6000	
		Telephone No.	
K		¥	
Signature of Petitioner or Representative (State	+ (ille)	Signature of Attorney	ale
Frederick J. Pitzelmmone		Bauch & Michaele, LLC	
Vame of Patitioner	Date Signed	Name of Attorney Firm (if any)	<del></del>
		53 West Jackson Boulevard	ļ
		Sulte 1115	
Yame & Maling		Chicago, Illinois 60604	
faiblivior to enough		Address	
Signing in Representative		(312) 598-5000	
Septicity	<del></del>	Telephone No.	
		· makinana ifal	
Signature of Petitioner or Representative (State	HPs)	X Signature of Attorney Di	nte
eter M. Wott		Bauch & Michaels, LLC	···
	Data Clave		
rains at Louithtal.	Date Signed	Name of Attorney Firm (If any)	į
		53 West Jackson Boulevard Suite 1118	1
	•	Chicago, lilinois 50804	
lame & Mailing			
iddress of Individual ligning in Representative		Address	
apacity		(312) 688-6000	

09/12/2007 14:36

8474131110

NORTHWESTERN\_MUTUAL '

PAGE 02

3/13/2007 3:16 FM PROM: Daubh Michaele Bauph Michaele 70: 41 (047: 423-2110 PAGE: 002:07 002

Signature of Petitioner or Representative (State title)	Signatura of Attorney Date	<del></del>
Hed Redrio	Bauch & Riichaule, LLC	
Name of Pelitioner Date Signed	Name of Altorney Firm (if any)	<del></del> [
<b>y</b>	63 West Jackson Boulevard	٠ [
•	Sujte 1146	l l
Nome & Mailing	Chipago, illimate 50504	
Address of Individual	Address	I
Signing in Representative Capabily	(912) 508-5000	[
	Telephone No.	—
- (1 A		
x fue Dolet		3/2/
Signature of Petitioner or Representative (State title)	Skipatore of Afformay	- 4 Y
Steven J. Rollman 3-12-07 Name of Petitioner Date Skipped	Bauch & Michaele, LLC	}
Name of Petitioner Date Signed	Name of Attorney Firm (If any)	
	53 West Jackson Bouleyard	1
	Sulte 1118 Chicago, Illinois \$0604	ł
Name & Mailing		1
Address of Individual Signing in Representative	Address	· · · · ·
Capacity	(312) 584-5000	[
	Talephone No.	
*	×	
Signature of Petitioner of Representative (Sinte tite)	Signature of Atlomey Date	
Frederick J. Fitzelmmone	Bauch & Monnoje, LLC	1
Name of Patitioner Date Signed	Name of Attorney Plim (if any)	
	53 West Jackwon Boulevard Bulte 1115	
	Chicago, (liinois 60804	
Name & Melling Address of Individual	Address	l
Signing in Representative		
Capedy	(312) 585-5000 Telephone No.	···
	1 CORPLIANTE 140.	
	x	
Ignature of Pathioter or Representative (State tile)	Signature of Afformacy Date	
eter M. Mott	Bauch & Mighaple, LLO	
sme of Patitioner Date Signed	Name of Allomoy Flim (If any)	
	53 West Jackson Boulsvard Suits 1118	
unes 2 filelina	Chicago, illinois 60804	1
ame & Malling ddraes of Individual	Address	_ 1
isning in Representative	(512) 888-5000	
Apacity	Telephone No.	
	. Asahucaus izht	

83/12/200/ 16:38

184/4408301

UPFICE FAX

PAGE UI

cla) Porm 5 (10/08) - Çoint.	Name of Debtor Blossife Medical Technologies, Inc.  Gess No.
Signature of Felinoner or Representative (State title)	Signature of Altomey Date
Ned Bedrio	Bauch & Michaele, LLC
Name of Petitioner Date Signed	Name of Altomey Firm (If any)
Name of Persons)	55 West Jackson Boulevard
	Suite 1115
	Chicago, illinois 60604
Name & Making	Address
Antress of Individual Signing in Representative	(312) 588-5000
Capacity	Telephone No.
• •	темерлине му.
×	×
Signature of Petitioner of Representative (State title)	Collinating of Literal and American
Stephen J. Reitman	Basoh & Michaels, LLC
Name of Petitionar Date Signed	Name of Altomay Pirm (If any)
÷	53 West Jackson Boulevard
	Buite 1/15 Chibago, lilinois 60504
Heme & Mailing	
Address of Individuel	Addysts
Signing in Representative	(312) 588-6000
Copacity	Telephone No.
the D C Day Call	1 1 1 1 1
× Frederick To The Total State of Political	Signature of Attorney Days
	Bauch & Michaels, LLC
Freilerick J. Flizakrimons 3/13-/07	Name of Attorney Furn (If proy)
Marrie of Patritioner Rate Gigned	
	53 West Jackson Boulevard Suits 1118
	Chicago, lilinola 60804
Name & Mailing	
Address of (ntividual	Addresa
Signing in Representative Capacity	(512) 588-5000
	Telaphone No.
×	X
Signature of Petitioner or Representative (State this)	Signature of Attorney Date
Peter M, Wett	Bauch & Anchaele, LLC
Name of Patitioner Data Signed	Name of Altomey Firm (if any)
•	53 West Jackson Boulevard
	Suite-1116 Chicago, Jiinote 65684
Name & Malling	
Address of Individual	Azkiresa
Signing in Representative Constriy	[312] 688 <del>,</del> 5900
	Telephone No.
	ļ <sup>*</sup>

אווואן זב אמטי זסינט דא דו אונהא. שאנושא

312 424 6819 IÚ 94275709

וט/נט.ץ

cia; Form 5 (10/08) - Cont	Name of Rebear Biosafa Madical Technologias, Inc.  Casa No.
Skinglure of Peditionar of Representative (State Utle)	Signature of Attorney Date
	Bauch & Michaels, LLC
Next Bedito Name of Positioner Date Signed	Name of Attorney Firm (If any)
Assista are samous:	53 West Jackson Boulevard
	Buite 1116 Chicago, Illinois 66804
Name & Maling	OliveRol militida ponda
Address of individual	Add/oss
Signing in Representative Capacity	(312) 589-5000
Vehaniy	Telephone No.
X	X Signature of Attorney Date Raugh & Mighaels, LLC
Signature of Petitioner of Representative (State (itie)	Signature of Attorney Date
Stophen J. Reitman	
Name of Petitioner Date Signed	Name of Attorney Film (If any)
	53 West Jackson Boulevard
	Suite 1115 Chitego, illinois 60504
Name & Mailing Addrase of Individual	Additys
Signing in Representative	(312) 588-5000
Cepacity	Telephone No.
Signature of Petrioner or Representative (Sinie tite) Frederick J. Filzeimmons Name of Petrioner Data Signed	Signature of Alborray  Bauch & Michaele, LLC  Neine of Attorney Firm (if erry)  53 West Jackson Boulevard Suite 1115
Name & Malikog	Chicago, Illinota 50604
Addreza of Individual Signing in Representative	Address
Sabagga ar cohumanuman	(312) 688-8000
	Telephone No.
i Fin hutt	y too 6 harant 3/12/6
Signature of Pathlongs of Remarkantative (State title)	Signature of Attacesy
Peter M. Mott 3, /2 0 7* Name of Patitioner Cate Signed	Buch & Michaels, LLC
lame of Patitioner Date Signed	Name of Attorney Fam (If any)
•	53 West Jackson Boulevard
	Suite 1118 Chicago, Illinois 60604
lume & Malling	<b>'</b>
ddrasa of Individual	Address
Sabacity	(312) 588-5000
···	Telephone No.
,	

•

\*\* TOTAL PAGE.01 \*\*

Man "IV "EUUY "614UIM" " Welch

~~ 'YYU 'A'YY 'B4B1

ю.

Signification of Petitioner or Representative (State Sile), Name of Petitioner  Name of Petitioner  Name of Petitioner  Name of Attorney Firm (if any)  83 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604  Address Signisture of Petitioner or Representative (State title)  A. Alexander Arnold, III  Name of Petitioner  Signisture of Petitioner  Date Signed  Signisture of Petitioner  Date Signed  Name of Attorney  Date Signisture of Petitioner  Date Signed  Address Signisture of Individual Signisture of Individu			Name of Distance Blossife Medical Technologies, inc.		
Name & Mailing Address of Individual Signature of Petitioner A. Alexander Arnold, Ill Name of Petitioner Name & Mailing Address of Individual Signature of Individual Signature of Individual Signature of Individual Signature of Individual Signing in Representative Capacity	Signature of Politoner or R Wichael T. Weich	3/12/07	Skinature of Attorney Date  Bauch & Michaele, LLC		
Signature of Pallioner or Representative (State title)  A. Alexander Arnold, III  Name of Pattioner  Date Signed  Name of Attorney Firm (If any):  53 West Jackson Boulevard Suite 1118 Chicago, Illinois 69604  Name & Mailing Address of Individual Signing in Representative Capacity  (312) 888-5000	Name & Malling Address of Individual Signing in Representative Capacity	Michael T. Welch DS9 W. Mortara	53 West Jackson Boulevard Sulte 1115 Chicago, Illinole 60604 Address (312) 586-5000		
53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60504 Name & Mailing Address of Individual Signing in Representative Capacity (312) 585-5000	*		Signature of Attorney  Bauch & Michaele, LLC		
Address of Individual Signing in Representative Capacity (312) 489-5000	Name of Petitioner	Date Signed	53 West Jackson Boulevard Suite 1118		
	Name & Mailing Address of Individual Signing in Representative Capacity		(312) 888-5000		
			•		
	•				

03/13/2007 10:49 212-826-2198	FIRST REPUBLIC BANK	PAGE	05/06
ifficial Form 5 (10/06) - Cont	Hame of fishler Blossfe Medical Technolog	les, Ina.	•
X .	×	···	7
Signature of Patilioner or Representative (State title) Michael T. Welch	Signature of Attorney Bauch & Michaele, LLC	Date	_
Name of Fetitioner Date Signed	Name of Athrney Film (if any) 53 West Jackson Boulevard Suite 1116 Ohloago, Illinois 50804		
Name & Mailing Address of Individual Signing in Representative Capacity	Address (342) #88-5000		
* Mantella Q 0 4.	Telaphone No.	2 3/13/	27
SIMPLIFE OF POLICE OF PROPER ENTERINA (Stale title)	Signature of Attornay  Bauch & Michaels, LLC	Date	
A. Ajexander Arnold, Ili Name of Petitioner Data Signed	Name of Atlomay Firm (if any)		_
	53 West Jackson Boulsvard Buile 1115 Chicago, Illinois 60604		
Name & Making Address of Individual	Addross		
Signing in Representative Capacity	(312) 688-5000	414,000	1

(312) 588-5000 Telephone No.

Mar 10 2007 11:578M O'Brien Consulting

202 241 0125

Official Form 5 (19706) - Cont.	Name of Dabior Sionata Medical Technologies, Inc. Gass No.
×	×
Algusture of Palitioner or Representative (State title)	Bignature of Attorney Date
Michael T. Weich	Bauch & Michaels, LLC
Name of Pattloner Date Signed	Name of Atternay Firm (if any)
Name & Malking	53 West Jeckson Boulevard Suite 1115 Chicago, Illinois 60804
Address of individual	Address
Signing in Representative	(312) 588-5000
Capacity	Telephone No.
*	X
Signature of Pelitioner or Representative (State 1809)	Signature of Attornay Date
A. Alexander Amold, Ill	Bauch & Michaela, LLC
Name of Petitioner Date Signed	Name of Altomay Firm (If any)
None 6 11-17-2	53 West Jackson Boulevard Suite 1115 Chicago, filinois 60504
Name & Malling Address of Individual	Address
Signing in Representative	(312) 588-EQQQ
Que pécily	Telephona No.
Signature of Fortich programming (State the)	Signature of Attorney Bauch & Michaele, LLC
	Bauch & Michaels, LLC
Timothy OBrien 3-13-07 Name of Fettioner Date Signed	Name of Attorney Plim (if any)
Sample mad Melecution	53 West Jackson Boulevard
	Suite 1115 Chicago, Illinois 60604
Blace & Milliott	Outcago, ininota souva
Name & Meling Address of individual	Address
Signing in Representative	(812) 588-6000
Capacity	Telephone No.

PL 02034

Official Form 5 (10/06) - Cont.

Name of Debtor	Blosafe Medical Technologies, Inc.
Case No.	

	PETITIONING CREDITORS	
Name and Address of Pelitioner	Nature of Cialm	Amount of Ctalm
David C. Fleisner 1163 Rench Road Lake Forest, IL 60045	salary (\$209,000), bonus (\$75,000), bonus (\$225,000), contract severance (\$545,000), toan (\$12,419.13)	1,066,419.13
Name and Address of Pelitioner  William S. Lear c/o Focus Enterprises, Inc. 875 N. Michigan Ave. Sulte 3011 Chicago, IL 60611	Nature of Claim salary (\$41,000), expense reimbursement (\$14,000)	Amount of Claim 55,000.00

Official Form 5 (10/06) - Cont.

Name of Debter Biosafe Medical Technologies, Inc.
Case No.

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Focus Enterprises, Inc. 875 N. Michigan Avenue Suite 3011 Chicago, IL 60611	contract claim	12,090.00
Name and Address of Politioner	Nature of Claim	Amount of Claim
Ned Bedrio 5309 Main Street Skokle, IL 60077	Commissions due	20,000.00
Name and Address of Pelitionar	Nature of Claim	Amount of Claim
Steven J. Reitman 212 The Lane Hinsdale, IL 60521	promissory note	977,500.00
Name and Address of Pelitioner	Nature of Cialm	Amount of Claim
Frederick J. Fitzsimmons 2142 Ashland Ave., Suite 2 Evanston, IL 69201	loan-defaulted	25,000.00
Name and Address of Petitioner	Netwre of Claim	Amount of Claim
Peter M. Mott 525 Rockefeller Road Lake Forest, IL 80045	promissory note-defaulted	100,000.00
Name and Address of Pelliloner	Nature of Claim	Amount of Claim
Michael T. Welch 1239 W. Montana Chicago, IL 60614	note (\$100,000) - defaulted; note (\$50,000) - defaulted	. 150,000.00
Name and Address of Palitioner	Nature of Claim	Amount of Claim
A. Alexander Arnold, ill Apt. 16B 460 E. 79th Street New York, NY 10021	deposit of guarantor (\$250,000)	250,000.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Timothy O'Brien 10419 Applewood Court Mequon, Wi 53092	contract and custom software design	232,785.00
penalty of perjury, each politioner's signatu	ach additional sheets with the statement under tre under the statement and the name of attorney	Total Amount of Petitions Claims
and patilloning creditor information in the f	UTIRRE GIOVO	\$ 2,888,704.13

## IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

No. 07-4412
Chapter 11
•
Involuntary Petition
•
Hon. Susan Pierson Sonderby
Courtroom 642

#### JOINDER OF ADDITIONAL PETITIONING CREDITOR

William R. Kitchel ("Petitioner"), pursuant to § 303(c) of Title 11, United States Code §§ 101 et seq., ("Bankruptcy Code") hereby joins in the Involuntary Petition ("Petition") filed in the above-captioned case on March 13, 2007, and in support thereof state as follows.

- 1. Petitioner is eligible to join in the Petition pursuant to § 303(b) of the Bankruptcy Code.
- 2. The debtor BioSafe Medical Technologies, Inc., f/k/a Illinois Medical Technologies, Inc. ("BioSafe" or "Debtor") is a person against whom an order for relief may be entered under the Bankruptcy Code.
- 3. BioSafe is generally not paying its debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount.

WHEREFORE, Petitioner requests that an order for relief be entered against the Debtor under Chapter 11 of the Bankruptcy Code.

Petitioning Creditors of Biosafe

By: \_/s/ Kenneth A. Michaels Jr.
One of Their Attorneys

#### PETITIONER'S DECLARATION

Petitioner declares under penalty of perjury that the foregoing is true and correct to the best

of his knowledge, information and belief.

Dated: March 28 711, 2007.

William R. Kitchel

Additional Petitioning Creditor	Nature of Claim	Amount of Claim
William R. Kitchel 818 Cherokee Rd. Lake Forest, IL 60045	At least \$51,000.00	Salary

### Official Form 5 (10/06)

1	Bankruptcy Cou strict of Illinois	ırt	INVOLUNTARY PETITION
IN RE (Name of Debtor - If Individual: Last, First, Middle)  Blosafe Medical Technologies, Inc.  ALL OTHER NAMES used by (Include married, melden, and to the control of th			
one, state ell.)			
STREET ADDRESS OF DEBTOR (No. and street, city, at 100 Field Dr., Suite 240 Lake Forest, IL COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF E		MAILING ADDRESS (	F DESTOR (II different from street address)
ZIP CODE 60045  LOCATION OF PRINCIPAL ASSETS OF BUSINESS DESTOR (If different from previously listed			ZIP CODE
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DE	STOR (If different from previously list	ed addresses)	
CHAPTER OF BANKRUPTCY CODE UNDER WHICH	PETITION IS FILED Ster 11		
	RMATION REGARDING DE	BTOR (Check appli	eable boxes)
Nature of Dabts Type of Debtor (Check one box.) (Form of Organization)		Nature of Business (Chack one box)	
Corporation (includes LLC and LLP)		Health Care Business Single Assat Real Estate as defined in	
☐ Debte are primarily business debts ☐ Partnership ☐ Other (if debtor is not one of the above enioned this box and state type of entity below)			11 U.S.C. § 101(61)(8) Raitroad Stockbroker Commodity Broker Clearing Bank
a longer part of such 180 days than in any other District.		d support creditor or its representative, and the form (9) of the Bankruptcy Reform Act of 1994 is attached.	
A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		petitioner files the form 1994, no fee is require	tor or its representative is a petitioner, and if the specified in § 304(g) of the Bankruptoy Reform Act of i.]
*****	BANKRUPTCY CASE FILED 11'S DEBTOR (Report Informa		
Name of Debtor	of Debtor Case Number		Date
Relationship District		Judge	
ALLEGATIONS (Check applicable boxes)		COURT USE ONLY	
<ol> <li>Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. §303(b).</li> <li>The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code.</li> </ol>			
3.a.  The debtor is generally not paying such de subject of a bona fide dispute as to !fability		, unlass auch debla are t	ne -
<ul> <li>Within 120 days preceding the filing of this agent appointed or authorized to take charge debter for the purpose of enforcing a fien age</li> </ul>	e of less than substantially all of ti	he property of the	

03/12/200/ 14:04

84/24/0469

LANUMARK DX

PAUL UJ

Official Form 6 (10/08) - Cont.

Name of Debior | Mounte Medical Technologies, Ind.

Case No. 07-4412

syldeniss the transfer and any statements that are required unde	· · · · · · · · · · · · · · · · · · ·
VI-TI-	BY FOR RELIEF
Politioner(a) request that an order for relief be entered ensured the de petition. If any positioner is a foreign representative appointed in a for recognition is attached.	beer under the chapter of title 11. United States Code, specified in this eign proceeding, a certified copy of the order of the pourt granting
Peritional of backars under penalty of perjury that the foregoing is true correct according to the best of their financing, and best of their financing, and best of their financing and their financing a	Signature of Attorney Bauch & Michaele, LLC Name of Attorney Firm (If any) B3 West Jackson Bouravard Bailte 1116 Chicago, Illinois 60604
Name & Melling Addition of Individual Signing in Representative Capacity	Address (312) 688-8000 Talephone No.
X Signature of Petitioner or Representative (State title)	Signature of Alterney Date
William 8. Lear	Bauch & Michaels, LLC
Name of Politioner Date Signed  Name & Mailing Address of Individual Signing in Representative	Name of Attainey Firm (if any) 53 West Jackson Roulevard Suite 1918 Chicago, Illinois 60804 Address (312) 588-5000
Cupacity	Telaphone No.
X Signature of Petitioner or Representative (State title) Focuse Enterprises, Inc.	X Signature of Attorney Date Bauch & Michaels, LLC
Name of Petitioner Oate Signed	Name of Altomey Film (If any) 63 West Jackson Boulevard Suite 1116 Chicago, Illinois 80894
Name & Maling Address of Individual Signing in Representative Capacity  William S. Lear  875 N. Michigan Ave. Stc. 3011 Chicago, IL 60611	Address (312) 588-5000 Telephone No.
X	×

03/12/2007 14:14

3127947801

REGUS

PAGE Ø1

Official Form	8 (	10/06	۰. (	Cont.
---------------	-----	-------	------	-------

Name of Debtor Blosafe Medical Technologies, Inc. Gese No. 07-4412

Signature of Petitioner or Representative (State title)  David C. Fleisner  Name of Petitioner  Name of Petitioner  Name of Attorney Firm (if only)  55 West Jackson Boulovard Sults 1118  Chicage, Illinois 50604  Address  Signature of Retitioner or Representative  Capacity.  X	·	r of Claim
Petitioner(s) request that an order for rolled be entered against the debtor under the chapter of illle 11, United States Code, specified in this petitioner is a toroign representative appointed in a rolled preceding, a certified copy of the order of the count granting recognition is a stacked.  Petitioner(s) cache under penalty of perjusy that the foregoing is true and correct according to the test of their knowledge, Information, and better.  X  Signature of Petitioner Representative (State title)  David C. Ficianer  Name of Petitioner of Representative (State title)  David C. Ficianer  Name & Mailing  Address of Individual  Signature of Metitioner or Representative  Gepantity  X  Address of Individual  Signature of Petitioner or Representative  Gepantity  X  Address of Individual  Signature of Petitioner or Representative  Gepantity  X  Address of Individual  Signature of Retitioner or Representative  Gepantity  Address of Individual  Signature of Retitioner or Representative  Copecity  Signature of Retitioner or Representative  Signature of Retitioner o	Check this box if there has been a transfer of any cleim against the devidence the transfer and any statements that ete required under that	eblor or to any palitoner. Attach eli documenta that nknappy Rule 1803(a).
publicant is any positioner is a toroign separated and storeign precessing, a certifical copy of the order of his bount grammy recognition is attached,  Positionary) declare under penalty of popiny that the foregoing is true end correct according to the best of the hest of their knowledge, Information, and beller.  X  Signature of Patitioner Propresentative (State title)  David O. Fielsoner  Name of Patitioner  David O. Fielsoner  Name of Patitioner  David O. Fielsoner  Name of Malling  Address of Individual  Signing in Representative  Capacity.  X  Signature of Retituner of Representative  Capacity.  Signature of Retituner of Representative  Capacity.  X  Signature of Retituner of Representative  Signature of Retituner of Representative  Capacity.  Signature of Retituner of Representative  Capacity.  Signature of Retituner of Representative  Signature of Re		•
X Signature of Petitioner or Representative (State title)  David O. Frainner Nerre of Petitioner Nerre of Petitioner Nerre of Petitioner Nerre of Petitioner Date Signed  X Signature of Attorney Firm (If any) So West Jackson Boulovard Sults 1118 Chicago, Illinois 50604  Address Signature of Retitioner or Representative Capacity  William S. Lear Date Signod Name & Malling Name & Malling Name & Malling Address of Individual Signing in Representative Capacity  Name of Petitioner Date Signod  Address Signature of Petitioner or Representative Capacity  Signature of Petitioner Date Signod  Address Signature of Retitioner or Representative Capacity  Signature of Retitioner or Representative (State title)  Signature of Retitioner or Representative Capacity  Signature of Retitioner or Representative (State title)  Signature of Attorney  Signature	patition, if any petitioner is a foreign topicsentative appointed in a foreign	under the chapter of illle 11, United States Code, specified in this proceeding, a certified copy of the order of the court granting
Signature of Petitioner or Representative (State title)  David C. Fletaner  Nome of Petitioner  Name & Mailing Address of Inchidudal Signing in Representative Cepacity  William S. Lear  Nome & Mailing Address of Inchidudal  Address Signature of Petitioner or Representative  Cepacity  William S. Lear  Data Signed  Name & Mailing Address of Inchidudal  Address Signature of Petitioner or Representative  Copacity  X  Data Signed  X  Data Signed  X  Signature of Attorney  Signature o	Patitioner(s) declare under penalty of parties that the foregoing is true and correct according to the best of their knowledge, information, and belief.	
David C. Fleisner  Neme of Pelitioner  Date Signed  Name of Malling Address of Individual Signing in Representative Capacity.  X  Address  Signalure of Petitioner or Representative  Date Signalure of Petitioner or Representative  Total Signalure of Representative  Name & Malling  Name & Malling  Name & Malling  Name & Malling  Name of Retitioner or Representative  Capacity  X  Address  Signalure of Representative  Signalure of Representative  Capacity  X  Address  Signalure of Representative  Signalure of Representative  Capacity  X  Address  Signalure of Attorney  Signalure of Representative  Signalure of Attorney  Signalu	×	
Say West Jackson Boulovard Sults 1118 Chicago, Illinois 50604  Address Signalure of Heritioner or Representative (State Bite)  Name of Petitioner  Name of Petitioner  Name of Attorney  Address of Individual Signalure of Heritioner or Representative (State Bite)  Name of Attorney  Address of Individual Signalure of Heritioner or Representative (State Bite)  Name of Attorney  Address of Individual Signalure of Petitioner or Representative Capacity  X  Address  (312) 588-5000  Telephone No.  Name of Attorney  Address of Individual Signalure of Attorney  Address of Individual Signalure of Petitioner or Representative (State Bite)  X  Address  (312) 588-5000  Totophone No.  X  Address  Address  (312) 688-5000	· ·	Bauch & Michaels, LLC
Sults 1118 Chicago, Illinois 80604  Address of Individual Signing in Representative Capacity.  X Signalure of Retitioner or Representative (State Bite) William S, Lear Date Signed Name of Attorney Sunts 1116 Chicago, Illinois 60604  X Signalure of Retitioner Date Signed Address of Individual Suito 1116 Chicago, Illinois 60604  Address of Individual Signalure of Retitioner or Representative Capacity  X Signalure of Petitioner Date Signed  X Signalure of Attorney Date  Signalure of	Name of Pelitionor Date Signed	Name of Attorney Firm (If any)
Address of Individual Signing in Representative Capacity.  X	•	Suite 1115
Capacity  Telephone No.  X	Address of Individual	Address
Telephone No.  X		(312) 688-6000
Signature of Petitioner or Representative (State bite)  William S. Lear  Data Signed  Name of Petitioner  Data Signed  Name of Attorney Firm (if any)  53 West Jackson Boulevard Suito 1116  Chicago, Illinois 60604  Address Signature of Representative Capacity  X  Address Signature of Petitioner or Representative (State title)  Focus Enterprises, Inc.  Name of Petitioner  Date Signature of Attorney  Bauch & Michaela, LLC  Name of Petitioner  Date Signature of Attorney  Signature		Telephone No.
Signature of Petitioner or Representative (State bite)  William S. Lear  Data Signed  Name of Petitioner  Data Signed  Name of Attorney Firm (if any)  53 West Jackson Boulevard Suito 1116  Chicago, Illinois 60604  Address Signature of Representative Capacity  X  Address Signature of Petitioner or Representative (State title)  Focus Enterprises, Inc.  Name of Petitioner  Date Signature of Attorney  Bauch & Michaela, LLC  Name of Petitioner  Date Signature of Attorney  Signature		
William S. Lear  Name of Pellioner  Data Signod  Name of Attorney Firm (If any)  Salto 1116  Chicago, Illinois 60604  Address of Individual  Signing in Representative  Capacity  X  Authors of Pellioner  Signature of Petitioner or Representative (State title)  Focus Enterprises, Inc.  Name of Pellioner  Date Signed  Date Signed  Date Signed  Name of Attorney Firm (If any)  Signature of Pellioner  Date Signed  Name of Attorney Firm (If any)  Signature of Pellioner  Name of Pellioner  Date Signed  Name of Attorney Firm (If any)  Signature of Pellioner  Name of Pellioner  Name of Pellioner  Name of Malling  William S. Lear  Date State on Boulevard  Suita 1116  Chicago, Ulinois 80804		x ten to be harly 3/12/07
Name of Pelilloner  Data Signod  Name of Attorney Firm (If any)  \$3 West Jackson Bouldward Suito 1118  Ghleago, illinois 60604  Address Signing in Representative Capacity  Zulliam Jack Cold fine Signature of Pelilloner or Representative (Stale title)  Focus Enterprises, Inc.  Name of Pelilloner  Date Signed  Name of Attorney Firm (If any)  \$3 West Jackson Bouldward Signature of Attorney  Bauch & Michaele, LLC  Name of Pelilloner  Date Signature of Attorney  Bauch & Michaele, LLC  Name of Attorney Firm (If any)  \$3 West Jackson Boulevard Suita 1118  Chicago, Ulinois 80804		
Signal of Petitioner of Representative (State title)  Name of Petitioner of Representative (State title)  Name of Petitioner of Date Signed  Name of Petitioner of Date Signed  Name of Petitioner of Representative (State title)  Name of Petitioner of Representative (State title)  Name of Petitioner Date Signed  Name of Petitioner Date Signed  Name of Attorney Pirm (If any)  \$3 West Jackson Boulevard  \$4 West Jackson Bouleva	3,47,47	
Name & Malling Address of Individual Signing in Representative Capacity  X Authorized Tolor for Signature of Petitioner or Representative (State title) Focus Enterprises, Inc.  Name of Politioner  Date Signed  Suito 1118 Ghlesgo, Illinois 60604  Address (312) 688-5000 Tolophone No.  Signature of Altorney Signature of Altorney Bauch & Michaele, LLC  Name of Politioner  Date Signed  Name of Altorney Pim (If any) 58 West Jackson Boulevard Suita 1118 Chicago, Ulinois 60604	Name of Petilloner Data Signed	
Address of Individual Signing in Representative Capacity  X		Suito 1116
Signaling in Representative Capacity  X		Selection of the select
X   Manuary   Ma		
X   Marie of Petitioner or Representative (State title)   Signature of Petitioner or Representative (State title)   Signature of Attorney   Date    Focus Enterprises, Inc.   3/12/07   Bauch & Michaels, LLC    Name of Petitioner   Date Signed   Name of Attorney Firm (If any)    53 West Jackson Boulevard   Suita 1115    Chicago, Ulinois 80504		1 · · · · · · · · · · · · · · · · · · ·
Signature of Petitioner or Representative (State title)  Focus Enterprises, Inc. 5 /12/07  Name of Petitioner Date Signed  Signature of Attorney Bauch & Michaels, LLC  Name of Attorney Firm (If any)  53 West Jackson Boulevard Suita 1115  Chicago, Ulinois 80504		Totophone No.
Signature of Petitioner or Representative (State title)  Focus Enterprises, Inc. 5 /12/07  Name of Petitioner Date Signed  Signature of Attorney Bauch & Michaels, LLC  Name of Attorney Firm (If any)  53 West Jackson Boulevard Suita 1115  Chicago, Ulinois 80504		
Focus Enterprises, Inc.    Same of Politioner   Date Signed	x Wellan I len law one	
Name of Politioner Date Signed Name of Altoney Firm (if any)  \$3 West Jackson Boulevard Suita 1116 Chicago, Ulinois 80504  Name & Malling Williams S. Lear Photogram	Signature of Petitioner or Representative (State title)	<i>A</i>
53 West Jackson Boulevard Suita 1115 Chicago, Ulinois 80804 Name & Malling Williams S. Lear Factors		
Suite 1115 Chicago, Ulinois 80804 Name & Malling William S. Lear Phones.	Name of Politioner Date Signed	
Name & Malling William S. Lear Parties		Sulta 1115
	Name & Mailing William S. Lear Partner	
Similar in Report on this CTR M. Minhigan Ave. Str. 2004	Address of Individual Signing in Representative 875 N. Michigan Ave. Sto. 3011	Address
Capacity Chicago, II 60811 (012) 365-5000	Capacity Chlorgo, IL 60611	A CONTRACTOR OF THE PARTY OF TH
Telephone No.		Telephone No.
x	K	X

M3/12/200/ 14:04

8472478469

LANDMAKK DX

PAUL UZ

icial Form 6 (10/06) - Cont.	Name of Debice Bloanfe Medical Technologies, Inc.
Test -	Case No. 07-4412
Signature of Petitionar or Representative (State title)	Signature of Attorney Date
Ned Bedrio 3/15/05	Baudh & Michaels, LLC
Ned Bedrio 3 /12/0"7 Name of Patitioner Date Signed	Name of Attorney Firm (If any)
=======================================	53 West Jackson Boulevard
•	Suite 1115
	Chicago, illinois 60804
Name & Malling Address of Individual	Address
Signing in Representative	
Capacity	(312) 588-5000
•	Telephone No.
×	<b>y</b>
Signature of Petitioner of Representative (State title)	Signature of Attorney Date
Stephen J. Reitmen	Bauch & Michaele, LLC
Name of Patitioner Date Signed	Name of Altomey Firm (If any)
•	53 West Jackson Boulevard
	Suffe 1115
Stance & Stations	Chicago, Hilnois 60604
Name & Melling Address of Individual	Address
Signing in Representative	(312) 588-5000
Capacity	Telephone No.
	र कासुगर्कार रागः
x	×
Signature of Politioner or Representative (State title)	Signature of Altomoy Date
Frederick J. Phzelmmone	Bauch & Michaele, LLC
Name of Patrioner Date Styned	Name of Attendey Firm (If any)
	53 West Jackson Boulevard
	Suite 1116
Name & Maling	Chicago, illinoje 60504
Address of Individual	Address
Skining in Representative	(312) 598-6000
Capacity	Telephone No.
	satisfactories (100)
	×
Signature of Peblioner or Representativa (State title)	Signature of Attorney Date
Pater M. Mott	Bauch & Michaels, LLC
Name of Petitioner Date Signed	Name of Attorney Firm (II any)
	83 West Jackson Boulevard
	Suite 1115 Chicago, illinois 60804
Name & Malling	Controlled andrea
Address of Individual	Address
	•
Signing in Representative	(312) 588-5050
Signing in Representative Capacity	(312) 588-5000 Telephone No.

03/12/2007 14:35

0474121110

NORTHWESTERN\_MUTUAL

PAGE 02

3/12/2007 3:26 TM TRON: Dauch Highsalo Bauch \_Michaelo TO: 41 (847) 423-1110 PAGE: 002 OF OPR

Name of Petitioner  Name of Petitioner  Name & Malling Address of Individual Signing in Representative Staven J. Relitioner  Name of Petitioner  Name & Mailing Address of Individual Signing in Representative Capacity  Name & Mailing Address of Individual Signing in Representative Capacity  X  X  X  X  X  X  X  X  X  X  X  X  X	e of Attorney  Altorney Firm (Ifany)  I Jackson Boulevard  15  B-6000  IN No.  I Michaele, LLC  Attorney Firm (Ifany)  I Michaele, LLC  Attorney Firm (Ifany)  I Jackson Boulevard  15  I lilhole 90404	Valo
Name of Patitioner  Name & Malling Address of Individual Signing in Representative State Staven J. Relither  Name & Malling Address of Patitioner or Representative (State title)  Name & Malling Address of Individual Signing in Representative Capacity  Name & Malling Address of Individual Signing in Representative Capacity  X  X  Signature of Patitioner  Date Signed  Address  Signate  Address  Signate  Capacity  Teleph  Name of Patitioner  Date Signed  Name of Patitioner  Address  Signate  Capacity  Teleph  Name of Patitioner  Date Signed  Name of Patitioner  Capacity  Teleph  Name of Patitioner  Date Signed  Name of Patitioner  Capacity  Teleph  Name of Patitioner  Date Signed  Name of Patitioner  Signate  Signate  Capacity  Teleph  Name of Patitioner  Capacity  Teleph  Name of Patitioner  Capacity  Teleph  Address  Signate  Capacity  Teleph  Telephote  X  X  Telephote  X	Alternates, LLC Alternates Firm (frenty)  Jackson Boylevard  146  3. Illinois 60604  B-6000  Is No.  John Michaels, LLC  Alternates, LLC  Alternates, LLC  Alternates, LLC  Alternates, LLC  Alternates, Boylevard  18  3. Illinois 90804  B-5000  Is No.  Date  Alternates, LLC  Alte	12/0
Name of Patitioner  Date Signed  Rather & Mailing Address of Individual Signing in Representative Capacity  X  Signing in Representative Capacity  Capacity  X  Capacity  X  Capacity  X  X  Capacity  X  X  Capacity  X  X  X  X  X  X  X  X  X  X  X  X  X	Alterney Firm (flany)  1. Machany Boullevard  1. So, Illinois 60604  1. Second  1. Secon	12/0
Name & Mailing Address of Individual Signing in Representative Capacity  X Signifund of Patitioner or Representative (State title) State of Patitioner  Name of Patitioner  Name & Mailing Address of Individual Signing in Representative Capacity  X Signifund of Patitioner  Name of Patitioner  X Signing in Representative Capacity  X Signing in Representative Capacity  Name of Patitioner  Date Signed  Name of Signad  Name of Patitioner  Name of Signad  N	Jackson Boylevard id8 p. Illinois 60604  B-6000 ps No.  Jos Afformay Lincological LLC  Amorray Firm (Parry) Jackson Boulevard id8 p. Illinois 90604  B-5000 ps No.  Date	12/0
Name & Mailing Address of Individual Signing in Representative Capacity  Signifure of Petitioner or Representative (State title) Stateven J. Relitmen Name of Petitioner  Name Capacity  Name Capacity  X  Signifure of Petitioner  Name Capacity  X  Signifure Chica  X  Signing in Representative Capacity  X  Signifure of Petitioner  Date Signed  X  Signifure of Petitioner  Name Capacity  X  Signifure of Petitioner  Name Capacity  X  Signifure of Petitioner  Date Signed  Name Capacity  X  Signifure of Petitioner  Name Capacity  Telaph  Name Capacity  X  X  X  X  X  X  X  X  X  X  X  X  X	B-6000  B-6000	12/0
Memo & Mailing Address of Individual Signing in Representative Capacity  X Signifund of Peditioner or Representative (State title) State of Peditioner Name Office Signed  Name Address of Individual Signing in Representative Capacity  X Signistium of Peditioner  X Signissium of Peditioner  X Signissium of Peditioner  X Signissium of Peditioner  X Signissium of Peditioner  Date Signed  Name Signissium of Peditioner  Name  X Signissium of Peditioner  Date Signed  Name Signissium of Peditioner  Address  Signing in Representative Capacity  Telaph  Name Signing in Representative Capacity  Telaph  Address  Signing in Representative Capacity  Telaph  Telaph  Telaph  X  X  X  X  X  X  X  X  X  X  X  X  X	B-6000 SE NO.  SOLATION DESCRIPTION OF STATE OF A STATE	V2.f0
Name & Malling Address of Individual Signific in Representative Capacity  X Significan of Petitioner or Representative (Glale title) Stoven J. Rolltman Name of Petitioner  Name & Malling Address of Individual Signing in Representative Capacity  X Significan  Name of Petitioner  Date Signed  Name Significan  Name of Petitioner  Date Signed  Name Significan  Name of Petitioner  Date Signed  Name Significan  Name S	B-6000 IS No. IS Afformay L Michaele, LLC Attorney Firm (Harry) L Jankson Boulevard 15 S. Illinois 90804  S-5000 Is No. Is Attorney L Michaele, LLC  Michaele, LLC  Date  Date  Date  Date  Date	V12.f0
Address of Individual Signify in Representative Capacity  X Signifus of Petitioner or Representative (State title) Staven J. Relitmen Name of Petitioner Rame Signify in Representative Capacity  X Signify in Representative Signify in Representative Chica  X Signify in Representative Capacity  Name Signify in Representative Capacity  Name Signify in Representative Capacity  Name Signify in Representative Capacity  X X X X X X X X X X X X X X X X X X	B-6000 IS No.  I OF Afformay  I Richaele, LLC  Attorney Firm (Harry)  I Sankeon Boulevard  IS  I fillmole spec4  S-5000 Is No.  I of Attorney  I Michaele, LLC	Vafo
Capacity  Capacity  Telaph  X  Signifuna of Petitioner or Representative (State title)  Stateven J. Relittion  Name of Petitioner  Name & Melling  Address of Individual  Signing in Representative  Capacity  X  Signing in Representative  Capacity  X  Signing in Petitioner  Date Signed  Name of Petitioner  Name of Petitioner  Date Signed  Name of Sig	se No.  1 of Afformay  L Richaeles, LLC  Attorney Firm (H sny)  1 Jankeen Boulevard  118  3 , Illinoise 90404  8-5000  No.  1 of Attorney  Date  Michaeles, LLC	12/0
X Signification of Petitioner or Representative (State title) Signification of Petitioner or Representative (State title) Name of Petitioner Name of Petitioner Name & Mailing Address of Individual Signing in Representative Capacity  X Signate Signing in Representative (State title) Signate Production J. Pitzelimmons Name of Petitioner Date Signed Name of Petitioner Signate Signing in Representative Capacity  X Signate Signing in Representative Capacity  Tolaphy  X  X  X  X  X  X  X  X  X  X  X  X  X	of Afformsy  Brichaele, LLC  Attorney Firm (Farry)  Jankeon Boulevard  15  J. Hilmole 90464  8-5000  No.	12/0
Standard of Petitioner or Representative (State title) Standard Name of Petitioner or Representative (State title) Name of Petitioner Date Signed Name  Kame & Malling Address of Individual Signing in Representative (State title)  K  K  K  K  K  K  K  K  K  K  K  K  K	I Sichiania Date  Attorney Firm (Fany)  I Jankeon Boulevard  15  J. Illinois 90464  8-5000  No.  Of Attorney Date  Michaele, LLC	12/0
Signification of Peritoner or Representative (State title) Staven J. Relithism  12 - 0  Name of Peritoner  Name of Peritoner  Name & Malling Address of Individual Signing in Representative Capacity  X  X  X  X  Signature of Peritoner  X  X  Signature of Peritoner  Date Signed  Name of Signature of Peritoner  Name of Peritoner  Date Signat  Signature of Peritoner  Date Signat  Signat  Signat  Signat  Address of Individual  Signing in Representative Capacity  Toleph	I Sichiania Date  Attorney Firm (Fany)  I Jankeon Boulevard  15  J. Illinois 90464  8-5000  No.  Of Attorney Date  Michaele, LLC	\12.f0
Signature of Petitioner or Representative (State title) Staven J. Rejunter  Name Date Signed  Name State State Address of Individual Signing in Representative Chical  Remains  Remains  Representative Capacity  X  Signature of Petitioner  Date Signed  X  Signature of Petitioner  Date Signed  Name Signature of Petitioner  Representative Chical  Address  Signature of Petitioner  Representative Chical  Address  Signature Chical  Remains  Remain	I Sichiania Date  Attorney Firm (Fany)  I Jankeon Boulevard  15  J. Illinois 90464  8-5000  No.  Of Attorney Date  Michaele, LLC	
Steven J. Rollstein Name of Patitioner  Name & Malling Address of Individual Signing in Representative Capacity  X  Signing in Representative Capacity  X  Signing in Proceeding  Name of Patitioner  Date Signed  Name of Patitioner  Name of Patitioner  Name of Patitioner  Representative Chical  Address  Signed  Address  Signed  Address  Signed  Address  Signed  Address  Signed  Name of Patitioner  Chical  Address of and individual  Signing in Prepresentative Capacity  Tolepha  X  X	I. Michaele, LLC Atomey Fim (Fany) I. Jankeen Boulevard I. S Illinois 90404  8-5000 In No. In of Atomey I. Michaele, LLC	
Name & Maling Address of individual Signing in Representative Capacity  X  Signature of Politionar or Representative (State title)  Frederick J. Pitzelmmone Name of Politionar  Date Signed  Chical  Nome & Maling Address of individual  Signing in Representative Capacity  X  X  X  X  X  X  X  X  X  X  X  X  X	t Jackson Boulevard 118 2, lithole 90404 8-5100 4 No. 1 of Attorney Date 1. Michigals, LLC	
Name & Maling Address of individual Signing in Representative Capacity  X  Signature of Politionar or Representative (State title)  Frederick J. Pitzelmmone Name of Politionar  Date Signed  Chical  Nome & Maling Address of individual  Signing in Representative Capacity  X  X  X  X  X  X  X  X  X  X  X  X  X	t Jackson Boulevard 118 2, lithole 90404 8-5100 4 No. 1 of Attorney Date 1. Michigals, LLC	
Name & Maling Address of individual Signing in Representative Capacity  X Signature of Pelitonar or Representative (State title) Frederick J. Pitzelmmone Name of Pelitonar  Date Signed Chical Signing in Representative Capacity  X  X  X  X  X  X  X  X  X  X  X  X  X	115 5, filmole 90804 8-5000 14 No. 1 of Atomey Data	
Name & Maling Address of Individual Signing in Representative Capacity  X Signature of Pelifoner or Representative (Statistice)  Frederick J. Pitzelimmons  Name of Pelifoner  Date Signed  Name of Statistics  Name of Pelifoner  Date Signed  Name of China  China  Signing in Representative Capacity  X  X  X	8-5000 A No. of Attorney Data I Michaels, LLC	
Address of Individual Signing in Representative Capacity  Teleph  X  Signature of Pelifoner of Representative (State title)  Frederick J. Pitzelmmons  Name of Pelifoner  Date Signed  Name of State in the Chicagon Capacity  Signate  Address of Individual  Signing in Representative Capacity  Teleph  X  X  X  X  X  X  X  X  X	o of Attorney Date is Michigally, LLC	
Capacity  Capacity  Teleph  X  Signalus of Politonar or Representative (State title)  Frederick J. Pitzelimmone  Name of Politonar  Date Signal  Name of State  State  Name of Politonar  Name of Politonar  Name of Politonar  Name of State  State  State  China  Signalus in Representative  Capacity  Toleph  X	o of Attorney Date is Michigally, LLC	
X Signature of Politioner of Representative (State title) Frederick J. Pitzelmmone Name of Politioner Date Signed Name of State Internative State Stat	o of Attorney Date is Michigally, LLC	
Signature of Pelifoner of Representative (State title)  Frederick J. Pitzelmmone  Name of Pelifoner  Date Signed  Name of Sulter  Sulter  Chical  Address of individual  Signing in Representative  Capacity  Tolentix	Monnels, LLC	
Norme & Malking Address of included Signing in Representative Capacity  X  X	Attomey Film (If any)	
Nome & Maling Address of individual Signing in Representative Gepticity  Tolephi		i
Norme & Malking Address of Individual Signing in Representative Capacity Tolents  X	: Jackson Bovjevard 15 ), Hinois 60694	
Signing in Propresentative Copecity Tolopiu  X	i minus evole	}
Capacity (312) 1 Tolophu		1
	8-5000	
· · · · · · · · · · · · · · · · · · ·	a No.	ļ
Division American Company of the Com		-
	of Altorney Dete	
	Michaele, LLC	1
•	(totriey Film (# any)	1
	Junkann Boulevard	•
Same to Chicag	Hinois 60804	F
ieme & Mailing		İ
Harring in Representative		ļ.
(312) 5	-5000	
Tolepho		
	No.	

ARIGI VONTARLIEN

18474488381

UPPICE PAX

PAGE 01

CHILLOWS A LIGHTS COUR.	Gene No. 07-4412
Signature of Petrioner or Representative (State title)	Signature of Attorney Date
Ned Bedrio	Bauch & Michaels, LLC
Name of Petitioner Date Signed	Name of Allomey Firm (if any)
Marring at E. Almana (A)	55 West Jackson Boutevard Suite 1115 Chicago, lilinois 60504
Name & Matting Address of Individual	Address
Signing in Representative	(312) 588-5000
Capacity , .	Telephone No.
×	× .
Signature of Publisher or Representative (State title)	Signisture of Attorney Date
Stephen J. Keliman	Bauch & Michaels, LLC
Name of Petitioner Date Signed	Name of Allomey Finh (Fami)
	53 West daukson Boulevard
	Suite 1118 Chibago, illinois 60604
Heme & Mailing Address of Individual	Address
Signing in Representative	(312) 588-6000
Çepacity	Telephone No.
# ob Sla Atama	1 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
× Frederick of Assistance State (State (State (State ))	Signature of Attorney Ontal
Fresterick J. Filtzahmmons 3/12/07	Bauch & Michaele, L.C.
Name of Pathlorier Date Signed	Name of Attorney Firm (if eny)
	53 West Jackson Boulevayd
	Guite 1115 Chicago, Illinois 60604
Hame & Melling	Contraction totales describ
Address of Individual	Aldress
Signing in Representative Capacity	(312) 588-8000
	Telaphone No.
x	X
Signature of Petitioner or Representative (Sizie title)	Signature of Attorney Date
Peter M. Mott	Bauch & Michaele, LLC
Name of Politioner Date (Signed	Name of Attorney Firm (If any)
•	53 West Jackson Boulevard Suite 1115
	Chicago, illinois 60604
Name & Melling	
Address of Individual	Address
Name & Melling Address of Individual Bigning in Representative Capacity	Address (312) 555-5000 Telephone No.

וווא וצ צטטי שהיצט דא שו דעבא. שתשטין

214 444 PATA IN A44.12.183

H.01/01

Official Form 5 (10/08) - Cont.

Name of Debter Blossfe Medical Technologies, Inc.
thes No. 07-4412

Signature of Pelitioner of Representative (State Utle)	Signature of Attorney Data
Ned Bedrio	Bauch & Mohaels, LLC
Name of Petitioner Date Signed	Name of Attorney Firm (If any)
•	53 West Jackson Boulevard
	Sulta 1115
Aines & Brailing	Ohleage, Illinois 60804
Name & Malling Address of Individual	Actions
Signing in Representative	
Capacity	(312) 588-5000
	Telephone No.
·	*
K Signature of Petitioner or Represonative (State title)	Signature of Attorney Date
	Bauch & Michaels, LLC
Stephen J. Reltman	
Name of Pelitoner Cale Signed	Name of Attorney Firm (if any)
·	53 West Jackson Boulevard
•	Suito 1115 Chicago, illinois 80604
Namo & Maling	A-U-uRatimulai shood
Address of Individual	Arkiness
Signing in Representative	(312) 088-1000
Copacity	Telephone No.
	1 and the safe
the state of the s	×
Signature of Petitioner or Representative (State title)	Signature of Alterney Date
Frederick J. Fitzsimmons	Bauch & Michaels, LLC
Name of Pathloner Oats Styned	
ABING ALCONOMIC COMPANIES	Name of Attorney Firm (If any)
	#3 West Jackson Boulevard Suite 1116
	Chicago, illinois 60804
lema & Maling	
Address of Individual	Address
Honing in Representative	(312) 588-5000
- referred Without the second	Telephone No.
	1
FANNI	1 trace 6 hereals 3/19
ignature of Petitioner or Representative (State title)	Rignature of Altomay Date
eler M. Mott 3. 12. 0 T	Bauch & Michaele, LLC
ame of Politioner Date Signed	Name of Attorney Firm (If any)
	53 West Jackson Boulevard
	Suite 1115
	Chicago, Illinois 60604
ame & Maring	
idress of individual	Address

\*\* TOTAL PAGE.01 \*\*

Man The Trough Status " Wetch

--- የሃንቻ <del>ተ</del>ሃን ህ<del>ሳ</del>ሀ፤

fficial Form 5 (10/08) - Cont.		Name of Debtor Blownfo Medical Technologies, inc.
Signing in Representative PB9 W	Date Bliffe) Date Signed  LT. Welch Mortara  O, IL 6061	Stratule of Attorney  Bauch & Michaele, LLC  Name of Attorney Firm (If any)  53 West Jackson Boulevard Suita 1118 Chicago, fillinols 60604  Address  (\$12) 586-5000
x Signature of Patitioner or Representative (S	tata tirle)	x Signature of Attorney Date Bauch & Michaels, LLC
Name of Petitioner  Name & Mailing Address of Individual Signing in Representative Capacity	Date Signed	Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1118 Chicago, Illinois 60604 Address (312) 888-5000 Telephone No.
		•

 $H \subset H$ 

03/13/2007 10:49

212-825-2198

FIRST REPUBLIC BANK

PAGE 05/06

Official Form 5 (10/08) - Gont.		Name of Dabtor	Blosafe Wedical Technologies, In
	•	Case No. 07-44	112

t		X	
Signature of Petitioner or Represent	talive (State tille)	Signature of Attorney Date	
Michael T. Weich		Dauch & Michaels, LLO	
Name of Petitioner	Date Signed	Name of Attorney Firm (If any)	
		53 West Jeakson Boulevard	
•		Suite 1115	
		Chicago, illinois 80694	
Name & Malling		B.1.1.2.2.	**
Address of Individual	,	Address	
Signing in Representative Capacity		(342) 888-5000	
anhaotty		Telaphone No.	•
· 🔥 🔐 👑	•		
Martela	QOB.	stain le Cuchant for 3/1.	3/0
s mature of Pelitioner of Represent	talive (State title)	Signature of Akomay Date	/
A. Alexander Amold, iii		Bauch & Michaels, LLC	
Vame of Patitioner	Data Signed	Name of Altomay Florn (if any)	
•	•	53 West Jackson Boulevard	
		Suite 1115	
		Chicago, Illinoia 60694	
Verne & Malling Address of Individual		Address	-
igning in Representative	•	• • • • • • • • • • • • • • • • • • • •	
		(312) 5BB-5000	_
Ispadly			

Mar 10 2007 11:67NM O'Brien Consulting

202 241 0125

р, 5

inchi fom 5 (1006) • Conc	Name of Debut - Blossic Medical Technologies, Inc. Casa No. 07-4412
x Bignature of Pailtioner or Representative (State title)	x Signature of Attorney Date Bayon & Michaels, LCC
Michael T. Weich Name of Petitioner Date Signed	Name of Alterney Film (If any)
	53 West Jackson Boulevard Suite 1118 Chicago, illinois 50904
Name & Mailing Address of Individual	Address
Signing in Representative Capacity	(312) 588-5000
Uspacity	Telephone No.
*	x
Bignature of Patitional or Representative (State little)	Signature of Attorney Date
A, Alexander Arnold, III	Bauch & Michaels, LLC
Name of Palitioner Date Signed	Name et Atomey Film (if any) \$3 West Jackson Boulevard Sulte 1116 Chicago, Minola 80804
Name & Mailing Address of Individual Signing In Representative Capacity	Adurasa (312) 588-5000
	Telephone No.
x	Signature of Attorney  Date  1 2 1 3 1 3 1 0 7
Timothy O'Brien 3-13-0'Y	Bauch & Michaels, LLC
Name of Petitioner Date Signed	Numo of Altomay First (if any) 55 West Jackson Boulevard Suite 1116 Chicago, Illinois 60804
Name & Melling Address of individual	Address
Signing in Representative Genetity	(312) 598-5000
Сараму	Telephone Np.

Official Form 5 (10/06) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.

Case No. 07-4412

PETITIONING CREDITORS		
Name and Address of Petitioner	Nature of Claim	Amount of Claim
David C. Fielsner 1163 Ranch Road Lake Forest, IL 60045	salary (\$209,000), bonus (\$75,000), bonus (\$225,000), contract severance (\$545,000), loan (\$12,419.13)	1,066,419.13
Name and Address of Pelitioner	Nature of Claim	Amount of Claim
William S. Lear c/o Focus Enterprises, Inc. 875 N. Michigan Ave. Suite 3011 Chicago, IL 60611	aalary (\$41,000), expense reimbursement (\$14,000)	55,000.00

Official Form 5 (10/06) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.

Case No. 07-4412

Name and Address of Pelitioner	Nature of Claim	Amount of Claim
Focus Enterprises, Inc. 875 N. Michigan Avenue Sulte 3011 Chicago, IL 60611	contract claim	<b>12,00</b> 0.00
Name and Address of Pelitioner	Nature of Claim .	Amount of Claim
Ned Bedrio 5309 Main Street Skokie, IL 69077	Commissions due	20,000.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Steven J. Reitman 212 The Lane Hinsdale, IL 60521	promissory note	977,500.00
Name and Address of Pelilloner	Nature of Claim	Amount of Claim
Frederick J. Fitzsimmons 2142 Ashland Ave., Suite 2 Evanston, IL 60201	ioan-defaulted	25,000.00
Name and Address of Politioner	Nature of Claim	Amount of Cialm
Peter M. Mott 525 Rockefeller Road Lake Forest, IL 60045	promissory note-defaulted	100,000.00
Name and Address of Politioner	Nature of Claim	Amount of Claim
Michael T. Welch 1239 W. Montana Chicago, IL 60814	note (\$100,000) - defaulted; note (\$59,000) - defaulted	150,000.00
Name and Address of Pelltioner	Nature of Claim	Amount of Cialm
A. Alexander Arnold, III Apt. 16B 460 E. 79th Street New York, NY 10021	deposit of guarantor (\$250,000)	250,000.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Timothy O'Brien 10419 Applewoad Court Mequon, Wi 53092	contract and custom software design	232,785.00
	lach additional sheets with the statement under ure under the statement and the name of attorney formet shuce	Total Amount of Petitions Claims
and beingowing estation infollistion in life	MINION GROAD	\$ 2,888,704.13

# **EXHIBIT 1**

Don Sharp

Case 1:07-cv-11135-JSR

630-545-9383

### In the United States Bankruptcy Court for the Northern District of Illinois, Eastern Division

In re:	) No. 07-4412
	) Chapter 11
Biosafe Medical Technologies, Inc.	)
	) Involuntary Petition
Debtor.	)
	) Hon. Susan Pierson Sonderby
	Courtroom 642

#### JOINDER OF ADDITIONAL PETITIONING CREDITOR

Donald C. Sharp ("Petitioner"), pursuant to § 303(c) of Title 11, United States Code §§ 101 et seq., ("Bankruptcy Code") hereby joins in the Involuntary Petition ("Petition") filed in the above-captioned case on March 13, 2007, and in support thereof state as follows.

- 1. Petitioner is eligible to join in the Petition pursuant to § 303(b) of the Bankruptcy Code,
- 2. The debtor BioSafe Medical Technologies, Inc., f/k/a Illinois Medical Technologies, Inc. ("BioSafe" or "Debtor") is a person against whom an order for relief may be entered under the Bankruptcy Code.
- 3. BioSafe is generally not paying its debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount.

WHEREFORE, Petitioner requests that an order for relief be entered against the Debtor under Chapter 11 of the Bankruptcy Code.

Petitioning Creditors of Biosafe

By: /s/Kenneth A. Michaels Jr.
One of Their Attorneys

Case 1:07-cv-11135-JSR

#### PETITIONER'S DECLARATION

Petitioner declares under penalty of perjury that the foregoing is true and correct to the best

of his knowledge, information and belief.

Dated: March 06, 2007.

Additional Petitioning Creditor	Nature of Claim	Amount of Claim
Donald C. Sharp 306 Spring Ave, Glen Ellyn, II, 60137	\$25,000.00	Defaulted note payable

# EXHIBIT 2

Mar-27-07 13:56 Fron-Fedex Kinko's 8820

8478239368

T-821 P.009/005 F-

#### IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

In re:	) No. 07-4412
Biosafe Medical Technologies, Inc.	) Chapter 11
	Involuntary Petition
Debtor.	) Hon, Susan Pierson Sonderby Courtroom 642

#### **IOINDER OF ADDITIONAL PETITIONING CREDITOR**

Mark C. Brun ("Petitioner"), pursuant to § 303(c) of Title 11, United States Code §§ 101 et seq., ("Bankruptcy Code") hereby joins in the Involuntary Petition ("Petition") filed in the above-captioned case on March 13, 2007, and in support thereof state as follows.

- 1. Petitioner is eligible to join in the Petition pursuant to § 303(b) of the Bankruptcy Code.
- 2. The debtor BioSafe Medical Technologies, Inc., f/k/a Illinois Medical Technologies, Inc. ("BioSafe" or "Debtor") is a person against whom an order for relief may be entered under the Bankruptcy Code.
- 3. BioSafe is generally not paying its debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount.

WHEREFORE, Petitioner requests that an order for relief be entered against the Debtor under Chapter 11 of the Bankruptcy Code.

Petitioning Creditors of Biosafe

By: /s/ Kenneth A. Michaels Ir.
One of Their Attorneys

Case 1:07-cv-11135-JSR Document 30-13 Filed 05/20/2008 Page 33 of 36

Mar-27-07 13:

13:50

From-Fedex Kinko's 8820

8478239366

T-821 P.004/005 F-377

### **PETITIONER'S DECLARATION**

Petitioner declares under penalty of perjury that the foregoing is true and correct to the best

of his knowledge, information and belief.

Dated: March 27, 2007.

Aark C. Brun

Additional Petitioning Creditor	Nature of Claim	Amount of Claim
Mark C. Burn 409 N Meacham Park Ridge, IL 60068	\$4,040.00	Architectural services

## EXHIBIT 3

## IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

In re:	) No. 07-4412
	) Chapter 11
Biosafe Medical Technologies, Inc.	<b>)</b>
-	) Involuntary Petition
Debtor.	)
•	) Hon. Susan Pierson Sonderby
	) Courtroom 642

#### JOINDER OF ADDITIONAL PETITIONING CREDITOR

Mason Kenneth Bien ("Petitioner"), pursuant to § 303(c) of Title 11, United States Code §§ 101 et seq., ("Bankruptcy Code") hereby joins in the Involuntary Petition ("Petition") filed in the above-captioned case on March 13, 2007, and in support thereof state as follows.

- 1. Petitioner is eligible to join in the Petition pursuant to § 303(b) of the Bankruptcy Code.
- 2. The debtor BioSafe Medical Technologies, Inc., f/k/a Illinois Medical Technologies, Inc. ("BioSafe" or "Debtor") is a person against whom an order for relief may be entered under the Bankruptcy Code.
- 3. BioSafe is generally not paying its debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount.

WHEREFORE, Petitioner requests that an order for relief be entered against the Debtor under Chapter 11 of the Bankruptcy Code.

Petitioning Creditors of Biosafe

By: /s/ Kenneth A. Michaels Jr.
One of Their Attorneys

Mar 26 07 05:05p

Ken Bien

858-756-2890

p. 1

#### PETITIONER'S DECLARATION

Positioner declares under penalty of perjusy that the foregoing is true and correct to the best

of his knowledge, information and belief.

Dated: March 76, 2007.

Mason Kenneth Bien

Additional Petitioning Creditor	Nature of Claim	Amount of Claim
Mason Kenneth Bien 5515 San Elijo PO Box 327 RANCHO SANTO FOI (IT 92067) DK S503 SW STONBGAYG CX	\$214,500.00: defaulted loan due from Debtor (\$100,000); defaulted loan due from Debtor's subsidiary (\$100,000); interest due on both loans, in excess of \$14,500	

TOPERA, KANSAS 66606